

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Y</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A.T.</i>	<i>1071</i>	<i>4/13/01</i>
RESPONSE FORMALITY REVIEW	<i>Y</i>	<i>905</i>	<i>05/17/01</i> <i>6/19/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/19/02
2	✓	✓	2/19/02
3	✓	✓	2/19/02
4	✓	✓	2/19/02
5	✓	✓	2/19/02
6	✓	✓	2/19/02
7	✓	✓	2/19/02
8	✓	✓	2/19/02
9	✓	✓	2/19/02
10	✓	✓	2/19/02
11	✓	✓	2/19/02
12	✓	✓	2/19/02
13	✓	✓	2/19/02
14	✓	✓	2/19/02
15	✓	✓	2/19/02
16	✓	✓	2/19/02
17	✓	✓	2/19/02
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25	✓	✓	2/19/02
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29	✓	✓	2/19/02
30	✓	✓	2/19/02
31	✓	✓	2/19/02
32	✓	✓	2/19/02
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34	✓	✓	2/19/02
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37	✓	✓	2/19/02
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47	✓	✓	2/19/02
48	✓	✓	2/19/02
49	✓	✓	2/19/02
50	✓	✓	2/19/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

(LEFT INSIDE)

IC 1071  
IC 8

H.S.  
5-18-01